CONDOMINIUM ASSOCIATION INFORMATION UPDATE FORM

All information provided is public information. Changes are to be made by an officer of the condominium association. Please use a typewriter or print legibly in black ink. Submit completed form to: DCCA - P&VLD Real Estate Commission 335 Merchant Street, Room 333 Honolulu, HI 96813 MKOL LERRACE Name of Condominium Association: and replaces the information Please indicate the change being reported: Mames and positions of the officers of the association (President, Secretary and Treasurer required): Designated officer of the association who can be contacted directly: Title: Name: Officers Public Address: Management status: (Check ONE only and fill in corresponding information) Self-managed by the Association of Unit Owners (AOUO) Name of Manager: Address: Telephone Number: Email Address: Managed by Condominium Managing Agent Name: Touchstort Clapeatics (HC.RB License Number: RB-15260 Email Address: 1410 CTOUCHSTONE PROPORTIES elephone Number: Amury, Com Contact designation (individual) to receive all AOUO correspondence (except bulletins) and telephone calls from the Commission: (if different from above) Name of Manager: LES Tom Telephone Number: Email Address:

Individual responsible for policy to provide reasonable access to persons authorize	ed +- (civil proce	ss:	
Name: CHUCIL PAINTIZ SITE-WATER GER Alternate Name: FICK FURCH Barns Member 1990 Alternate Name: Barns Member 1990 Barns Me	: (808)	754-	8886 VEI)	į
Alternate Name: LCC Furer Telephone No.	:	72-4	-8886	T.
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certify that I am authorized to sign this form on behalf of this condominium ass provided is true and correct.	sociation, a	iu mai m	e mennauom.	£ 44 J
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Signature of association officer, developer or 100% sole owner of c	ondominium	project	ASUMER OF	
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FREDERICK R FUNK JR	Doto.	116		
ongon one only.	Date			
President Vice - President Secretary Treasurer Developer or Developer's Agent registering for unorganized association 100% Sole Owner of Condominium Project				
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